



Association of Fundraising Professionals Central Ohio Chapter Scholarship Program

Membership Dues Scholarship Application

This is a 50% reimbursement scholarship, except the Young Professionals category is reimbursed at 100%.

Name: _____

Professional Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____ Alternate Phone: _____

Email: _____

| | | |
|--|---|---|
| <input type="checkbox"/> New Member | <input type="checkbox"/> Lapsed Member (which years were you a member) _____ | |
| Years in Fundraising Profession: _____ | Organization's Operating Budget: _____ | Number of employees in your department: _____ |
| Have you received a scholarship or financial aid from this or any other AFP Chapter in the past? If so, when? For what amount and what purpose? | | |
| Additional comments for application reviewers: | | |

Yes, I would like 3 lunch reimbursements.
(You will register then be reimbursed for 50% of member lunch fees).

All applicants:

- I/My organization will pay the remaining fees for my membership.
- I have attached a letter of support from my Executive Director or Board President/Chair.*
If applicant is a consultant then a principal in the consulting company, client, or AFP committee chair or board member.
- If I receive a scholarship, please reimburse me.
- OR-**
- If I receive a scholarship, please reimburse my organization.
- If chosen, I will actively participate on the following committee next year.

Please indicate 1st, 2nd and 3rd choices. Visit <http://www.centralohioafp.org/volunteer-opportunities/> for committee details.

| | | |
|---------------------------------|-----------------------------|---------------------|
| _____ Marketing | _____ Education | _____ Public Policy |
| _____ NPD Nominations | _____ Membership | _____ Scholarship |
| _____ National Philanthropy Day | _____ Diversity & Inclusion | _____ Sponsorship |
| _____ AFP Education Courses | _____ Collegiate Chapter | _____ Be The Cause |

Signature: _____ Date: _____

Email application to:

Lauren Bell • lbell@columbuslibrary.org

Applications will be considered on a rolling basis.